

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214512262			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>VIRGINIA FFA FOUNDATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>MARK Q ANDERSON</b>  <b>714 SOUTH MAIN STREET</b>  <b>BLACKSBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>MONTGOMERY COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>07627821</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> <p>ADDRESS: 1660 Litton Reaves Hall</p> <p>CITY/ST/ZIP: Blacksburg, VA 24061</p> </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: BRIAN ALEXANDER            TITLE: DIRECTOR            ADDRESS: 321 EAST BUCK AVE            CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: BRIAN ALEXANDER TITLE: DIRECTOR ADDRESS: 321 EAST BUCK AVE CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN ALEXANDER TITLE: DIRECTOR ADDRESS: 321 EAST BUCK AVE CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: DANA FISHER            TITLE: PRESIDENT            ADDRESS: 775 CLICKS LANE            CITY/ST/ZIP/CO: NEW MARKET, VA 22844         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: DANA FISHER TITLE: PRESIDENT ADDRESS: 775 CLICKS LANE CITY/ST/ZIP/CO: NEW MARKET, VA 22844	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary Larrowe DIRECTOR 331 Putzen Lane Woodlawn, VA 24381	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry Case DIRECTOR 13307 Country Way Circle Fredericksburg, VA 22407	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kern Houff DIRECTOR 6711 Cross Keys Road Mount Crawford, VA 22841	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scot Lilly VICE PRESIDENT 5805 W. Donnagail Dr. Penn Laird, VA 22846	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Johnny Davis DIRECTOR 11103 Manor View Dr. Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Stevens SECRETARY 4737 Breckinridge Mill Rd. Fincastle, VA 24090	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jill Casten DIRECTOR 1939 17th St. NW #6 Washington, DC 20009	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Walsh DIRECTOR 3408 Saint Luke Road Woodstock, VA 22664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANA FISHER		DANA FISHER, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			